



Docket No. 75191/JPW/BJA/CSA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stan Gronthos et al.
 Serial No. : 10/551,326 Examiner: K.T. Hiriyanna
 Filed : March 30, 2006 Group Art Unit: 1633
 For : PERIVASCULAR MESENCHYMAL PRECURSOR CELL INDUCED BLOOD
VESSEL FORMATION

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: March 29, 2010

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	16 -	* 61 =	*** 0 X	\$26	\$52	=	0.00	
Independent Claims	2 -	** 3 =	*** 0 X	\$110	\$220	=	0.00	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$195	\$390	=	0.00	
				TOTAL ADDITIONAL FEE			\$ 0.00	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 X An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes X No
and a fee of \$ 0.00 included)

 X A Petition for an Extension of Time, including a fee of
\$ 555.00 for a Petition for 3 Month(s) Extension of Time

 X Other (identify): Request for Continued Examination (RCE) Transmittal
Letter

THE TOTAL FEE DUE IS \$ 960.00


 X A check in the amount of \$ 960.00 is enclosed.

 Please charge Deposit Account No. in the amount of
\$.

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

 X Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

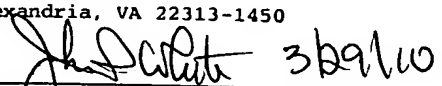
Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


John P. White
Reg. No. 28,678

Date